Form (RF-3)

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Ch	ange in Company's premium or rate le	evel produced by rate revision effective	)/1/10	New - 11/1/10 Renewal	
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>		(3) Percent <u>Change (+ or -)</u> *	:* <del>-</del>
1.	Automobile Liability Private				
	Passenger Commercial				
2.	Automobile Physical Damage Private Passenger Commercial				
3.	Liability Other Than Auto				
4.	Burglary and Theft				
5.	Glass				
6.	Fidelity				
7.	Surety				
8.	Boiler and Machinery				
9.	Fire				
10.	Extended Coverage				
11.	Inland Marine				
12.	Homeowners				
13.	Commercial Multi-Peril				
14.	Crop Hail				
15.	Other Medical Malpractice	\$5,809,343		4.4%	
	Line of Insurance				
Doe	es filing only apply to certain territory (	territories) or certain classes? If so, spec	ify:	Yes	
		rates of an advisory organization, specify care providers as well as firms (which are groups of	_		
		a. Please see Actuarial Memorandum & Supporting			
	The state of the openion of the state of the	3355			
	justed to reflect all prior rate changes. hange in Company's premium level wl	nich will result from application of new ra	tes.		
		American Casualty Comp	any of	Pending PA	
		American Casualty Comp		ne of Company	
		Jennifer Kowall, FCAS Manager, Healthpro Prici	na		Actuarial

Official - Title

**RECEIVED** 

JUL 1 3 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS